

SERFF Tracking Number: MANU-126620482 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 45663
Company Tracking Number: LTC CLAIM DENIAL REPORTING 2009
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LTC Claim Denial Reporting for Reporting Year 2009
Project Name/Number: LTC Claim Denial Reporting for Reporting Year 2009 /LTC Claim Denial Reporting for Reporting Year 2009

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: LTC Claim Denial Reporting for SERFF Tr Num: MANU-126620482 State: Arkansas

Reporting Year 2009

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Filed

State Tr Num: 45663

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: LTC CLAIM DENIAL
REPORTING 2009

State Status: Closed

Filing Type: Form

Reviewer(s): Marie Bennett, Harris
Shearer

Authors: Deb Dann, Helene
Landow, Karren Phair, Debbie Tom,
Jacqueline Lau

Disposition Date: 05/20/2010

Date Submitted: 05/13/2010

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: LTC Claim Denial Reporting for Reporting Year 2009

Status of Filing in Domicile: Pending

Project Number: LTC Claim Denial Reporting for Reporting Year 2009

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/20/2010

Explanation for Other Group Market Type:

State Status Changed: 05/20/2010

Deemer Date:

Created By: Debbie Tom

Submitted By: Debbie Tom

Corresponding Filing Tracking Number:

Filing Description:

Re: John Hancock Life Insurance Company (U.S.A.)

FEIN # 01-0233346 NAIC #904-65838

Claims Denial Reporting ending December 31, 2009

Acceleration of life insurance death benefit for qualified long term care services rider

As required in your jurisdiction, we are submitting the claims denial reporting form for the period of January 1, 2009

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through December 31, 2009.

If you have any questions or concerns, please contact me at 416-852-3741 (collect) or via email at deb_dann@jhancock.com.

Company and Contact

Filing Contact Information

Deb Dann, Senior Contract Analyst deb_dann@jhancock.com
P. O. Box 600 416-926-3000 [Phone] 23741 [Ext]
Buffalo, NY 14201-0600 416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company CoCode: 65838 State of Domicile: Michigan
(U.S.A.)
P. O. Box 600 Group Code: 904 Company Type: insurance/financial
Contracts and Compliance Group Name: State ID Number:
Buffalo, NY 14201-0600 FEIN Number: 01-0233346
(416) 926-3000 ext. [Phone]

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$0.00	05/13/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/20/2010	05/20/2010

Disposition

Comment:

PDF Pipeline for SERFF Tracking Number MANU-126620482 Generated 05/20/2010 11:22 AM

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Claim Denial Reporting Form		Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	not applicable		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Claim Denial Reporting Form		
Comments:			
Attachment:	claim denial reporting form Arkansas.pdf		

**Claims Denial Reporting Form
Long-Term Care Insurance**

For the State of Arkansas

For the Reporting Year of 2009

Company Name: John Hancock Life Insurance Company (U.S.A.) Due: June 30 annually
 Company Address: PO Box 600, Buffalo, NY 14201-0600
 Company NAIC Number: 904-65838
 Contact Person: Deb Dann Phone Number: 416-852-3741

Line of Business: X Individual Group

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

- ☒ Per Claimant – counts each individual who makes one or a series of claim requests
- ☐ Per Transaction – counts each claim payment request

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	0	5
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	5
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	2
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	3
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	60%
7	Number of Long-Term Care Claim Denied due to:	-	-
8	• Benefit Eligibility Criteria Not Met ²	0	0
9	• Long-Term Care Services Not Covered under the Policy ³	0	0
10	• Provider/Facility Not Qualified under the Policy ⁴	0	0
11	• Other	0	3

- The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
- Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
- Example – home health care claim filed under a nursing home only policy
- Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy